| Fill in this info   | rmation to identify your  | case:              |            | 1                                       |
|---------------------|---------------------------|--------------------|------------|---|
| Debtor 1            | Debra F. Reid             |                    |            |   |
|                     | First Name                | Middle Name        | Last Name  |   |
| Debtor 2            |                           |                    |            |   |
| (Spouse if, filing) | First Name                | Middle Name        | Last Name  |   |
| United States B     | Sankruptcy Court for the: | EASTERN DISTRICT C | F VIRGINIA |   |
| Case number         | 17-12923                  |                    |            |   |
| (if known)          |                           |                    |            | ☐ Check if this is an<br>amended filing |

#### Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | 1: Summarize Your Assets   |             |                           |
|-----|--|-------------|---------------------------|
|     |  | Your a      | assets<br>of what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B   | \$          | 415,000.00                |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 9,560.00                  |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 424,560.00                |
| Par | 2: Summarize Your Liabilities  |             |                           |
|     |  |             | iabilities<br>nt you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 374,509.00                |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$          | 1,430.00                  |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 30,060.00                 |
|     | Your total liabilities   | \$          | 405,999.00                |
| Par | 3: Summarize Your Income and Expenses  |             |                           |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 2,754.96                  |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 5,055.00                  |
| Par | 4: Answer These Questions for Administrative and Statistical Records   |             |                           |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                   | our other s | chedules.                 |
| 7.  | ■ Yes What kind of debt do you have?   |             |                           |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for   | a persona   | ıl, family, or            |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

Case 17-12923-KHK Doc 18 Filed 09/20/17 Entered 09/20/17 21:23:24 Desc Main Document Page 2 of 31

Debtor 1 Debra F. Reid Case number (if known) 17-12923

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

3,824.56

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total | claim    |
|--|-------|----------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$    | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$    | 1,430.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$    | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$    | 0.00     |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | s<br> | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$   | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$    | 1,430.00 |

Casa 17-12023-KHK Filed 00/20/17 Entered 00/20/17 21:22:24 Doc 18

|      | Ouoc                     | 5 17-12925-KHIK D   |             |                       | ument  | Page 3 of 3  |                    | <i>)</i> 1  | 1.20.24                      | D(            | SC Main   |
|------|--------------------------|---|-------------|-----------------------|--|--|--------------------|---|------------------------------|---------------|---|
| Fill | in this info             | rmation to identify your case   |             |                       |  |  |                    |   |                              |               |   |
| Deb  | tor 1                    | Debra F. Reid   |             |                       |  |  |                    |   | ]                            |               |   |
|      |                          | First Name  | Middle Name | е                     |  | Last Name  |                    |   |                              |               |   |
|      | tor 2<br>ise, if filing) | First Name  | Middle Name | e                     |  | Last Name  |                    |   |                              |               |   |
| Jnit | ed States E              | Bankruptcy Court for the: _EAS  | TERN DIST   | TRIC                  | CT OF VIRG                                   | INIA   |                    |   |                              |               |   |
| Cas  | e number                 | 17-12923  |             |                       |  | _  |                    |   |                              |               | Check if this is an                                       |
|      |                          |   |             |                       |  |  |                    |   |                              |               | amended filing  |
| )ff  | icial F                  | orm 106A/B  |             |                       |  |  |                    |   |                              |               |   |
| _    |                          | le A/B: Proper  | :y          |                       |  |  |                    |   |                              |               | 12/15   |
| _    |                          | separately list and describe item   |             | et or                 | nly once. If a                               | n asset fits in more tha   | an one ca          | tegory, list  | the asset in th              | ne cat        | egory where you thin                                      |
| Ξ    | 11009 Fa                 | art 2.  air the property?  air chester Dr.  s, if available, or other description | [<br>       |                       | Single-family<br>Duplex or mu<br>Condominium | y? Check all that apply<br>home<br>Iti-unit building<br>or cooperative<br>or mobile home |                    | amount of<br>Creditors  | any secured cl               | aims<br>ms Se | or exemptions. Put the on Schedule D: ecured by Property. |
|      | Fairfax                  | VA 22030-0  | 000 [       |                       | Land   |  |                    | entire pro  | perty?                       |               | ortion you own?   |
|      | City                     | State ZIP Co  |             | _                     | Investment pr<br>Timeshare                   | operty   |                    | \$4   | 15,000.00                    |               | \$415,000.00  |
|      |                          |   |             | =                     | Other  |  |                    | Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or |                              |               |   |
|      |                          |   | Wh          | _                     |  | t in the property? Chec  | ck one             | a life esta<br>Fee sin  | ate), if known.              |               |   |
|      | Fairfax                  |   | [           | _                     | Debtor 1 only<br>Debtor 2 only               |  |                    | i ee siii   | ibie                         |               |   |
|      | County                   |   |             |                       | Debtor 1 and                                 | Debtor 2 only  If the debtors and anoth  | ner                |   | k if this is con             | nmun          | ity property  |
|      |                          |   |             |                       | information y                                | ou wish to add about to on number:   | this item,         | such as lo  | cal                          |               |   |
|      |                          |   |             | illov<br>tate<br>ebte | w & ReMax<br>of disrepa<br>or will sur       | airchester Dr., Fa<br>values of \$456-<br>air.<br>render property,<br>uld Ch. 7 Trustee  | 457,000<br>but res | are way<br>erves rig  | / too high -<br>jht to claim |               | . •   |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for

pages you have attached for Part 1. Write that number here......>>

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

\$415,000.00

Case 17-12923-KHK Doc 18 Filed 09/20/17 Entered 09/20/17 21:23:24 Desc Main Document Page 4 of 31 Case number (if known) 17-12923

| 3. <b>C</b> | ars, vans,        | trucks, tracto                   | ors, sport utility ve                       | hicles, motorcycles  |                                       |   |
|-------------|-------------------|----------------------------------|---|--|---------------------------------------|---|
|             | No                |                                  |   |  |                                       |   |
|             | Yes               |                                  |   |  |                                       |   |
| 3.1         | Make:<br>Model:   | 2000 Chev                        | ry Suburban                                 | Who has an interest in the property? Check one  Debtor 1 only                          | the amount of any secur               | claims or exemptions. Put<br>ed claims on Schedule D:<br>ims Secured by Property. |
|             | Year:<br>Approxir | nate mileage:                    | 200,000                                     | □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | Current value of the entire property? | Current value of the portion you own?   |
|             |                   |                                  |   | ☐ Check if this is community property (see instructions)                               | \$2,500.00                            | \$2,500.00  |
| 3.2         | Make:             | 1989 Volve                       | e GLE                                       | Who has an interest in the property? Check one  Debtor 1 only                          | the amount of any secur               | claims or exemptions. Put<br>ed claims on Schedule D:<br>ims Secured by Property. |
|             | Year:<br>Approxir | nate mileage:<br>ormation:       | 150,000                                     | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Current value of the entire property? | Current value of the portion you own?   |
|             |                   |                                  |   | ☐ Check if this is community property (see instructions)                               | \$1,500.00                            | \$1,500.00  |
| Part        | 3: Descri         | be Your Persona                  | al and Household Ite                        | ms terest in any of the following items?   | =>                                    | \$4,000.00  Current value of the portion you own?                                 |
| E           |                   | ,                                | es, furniture, linens                       | ishes, cookware, all major appliances, BR  | furn., LR                             | Do not deduct secured claims or exemptions.                                       |
|             |                   |                                  | & DR furn., mise                            | c. small appliances and consumer electron<br>niture (lamps, tables, tools, etc.)       |                                       | \$2,500.00  |
| E           |                   | Televisions and including cell p |   | eo, stereo, and digital equipment; computers, printe<br>nedia players, games           | ers, scanners; music collec           | ctions; electronic devices  |
| E           | xamples:          | other collection                 | igurines; paintings,<br>ns, memorabilia, co | prints, or other artwork; books, pictures, or other ar<br>illectibles                  | t objects; stamp, coin, or b          | paseball card collections;  |
|             | Yes. De           | scribe                           |   |  |                                       |   |

Official Form 106A/B Schedule A/B: Property page 2

Case 17-12923-KHK Doc 18 Filed 09/20/17 Entered 09/20/17 21:23:24 Desc Main Page 5 of 31 Document Case number (if known) 17-12923 Debra F. Reid Debtor 1 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... entire wardrobe - dress and casual clothes, shoes, outerwear \$350.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... \$100.00 misc. costume & other jewelry 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,950.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

□ No

Yes.....

Cash

\$10.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

Yes.....

Institution name:

17.1. Checking

**TD Bank** 

\$100.00

Case 17-12923-KHK Doc 18 Filed 09/20/17 Entered 09/20/17 21:23:24 Desc Main Page 6 of 31 Document Case number (if known) 17-12923 Debtor 1 Debra F. Reid 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture Nο ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Institution name: Type of account: \$500.00 401(k) **Mass Mutual** 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

■ No

☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own? Do not deduct secured claims or exemptions.

Page 7 of 31 Document Case number (if known) 17-12923 Debtor 1 Debra F. Reid 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else □ No Yes. Give specific information.. \$2,000.00 earned but unpaid wages 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$2.610.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6 ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47.

Filed 09/20/17 Entered 09/20/17 21:23:24

Desc Main

Case 17-12923-KHK

Doc 18

Case 17-12923-KHK Doc 18 Filed 09/20/17 Entered 09/20/17 21:23:24 Desc Main

Debtor 1 Debra F. Reid Document Page 8 of 31
Case number (if known) 17-12923

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 List the Totals of Each Part of this Form Part 1: Total real estate, line 2 \$415,000.00 Part 2: Total vehicles, line 5 \$4,000.00 Part 3: Total personal and household items, line 15 57. \$2,950.00 58. Part 4: Total financial assets, line 36 \$2,610.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$9,560.00 Copy personal property total \$9,560.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$424,560.00

Official Form 106A/B Schedule A/B: Property page 6

Case 17-12923-KHK Doc 18 Filed 09/20/17 Entered 09/20/17 21:23:24 Desc Main

| Fill in this infor  | mation to identify your  | case:              |            |  |
|---------------------|--------------------------|--------------------|------------|--|
| Debtor 1            | Debra F. Reid            |                    |            |  |
|                     | First Name               | Middle Name        | Last Name  |  |
| Debtor 2            |                          |                    |            |  |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name  |  |
| United States Ba    | ankruptcy Court for the: | EASTERN DISTRICT C | F VIRGINIA |  |
| _                   | 17-12923                 |                    |            |  |
| (if known)          |                          |                    |            |  |
|                     |                          |                    |            |  |

#### Official Form 106C

Part 1: Identify the Property You Claim as Exempt

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exemptions are you claiming   | ? Check one only, eve                | en if yo | our spouse is filing with you.                                  |                                    |
|----|--|--------------------------------------|----------|---|------------------------------------|
|    | ■ You are claiming state and federal nonbar  | nkruptcy exemptions.                 | 11 U.    | S.C. § 522(b)(3)  |                                    |
|    | ☐ You are claiming federal exemptions. 11  | U.S.C. § 522(b)(2)                   |          |   |                                    |
| 2. | For any property you list on Schedule A/B  | that you claim as ex                 | empt,    | fill in the information below.                                  |                                    |
|    | Brief description of the property and line on<br>Schedule A/B that lists this property   | Current value of the portion you own | Am       | ount of the exemption you claim                                 | Specific laws that allow exemption |
|    |  | Copy the value from<br>Schedule A/B  |          |   |                                    |
|    | 11009 Fairchester Dr. Fairfax, VA<br>22030 Fairfax County  | \$415,000.00                         |          | \$5,000.00  | Va. Code Ann. § 34-4               |
|    | SFH at 11009 Fairchester Dr., Fairfax, VA 22030.  Zillow & ReMax values of \$456-457,000 are way too high - property is in state of disrepair.  Debtor will surrender property, but reserves right to c  Line from Schedule A/B: 1.1 |                                      |          | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | 2000 Chevy Suburban 200,000 miles Line from Schedule A/B: 3.1  | \$2,500.00                           |          | \$2,500.00  | Va. Code Ann. § 34-26(8)           |
|    | Ellie Holli Genedale PAB. G.1  |                                      |          | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | 1989 Volve GLE 150,000 miles   | \$1,500.00                           |          | \$1,500.00  | Va. Code Ann. § 34-26(8)           |
|    | LINE HOLL GOLIEGAIE AV.D. 3.2  |                                      |          | 100% of fair market value, up to                                |                                    |

any applicable statutory limit

Case 17-12923-KHK Doc 18 Filed 09/20/17 Entered 09/20/17 21:23:24 Desc Main Document Page 10 of 31

Debtor 1 Debtor 5 Reid Case number (if known) 17-12923

| \$2,500.00 \$2,500.00  Arket value, up to statutory limit  \$100.00  Arket value, up to statutory limit  \$10.00  Arket value, up to statutory limit  Va. Code Ann. § 34-4  Va. Code Ann. § 34-29  Arket value, up to statutory limit |
|---|
| \$2,500.00  Arket value, up to statutory limit  \$350.00  Arket value, up to statutory limit  \$100.00  Arket value, up to statutory limit  \$10.00  Arket value, up to statutory limit  \$2,500.00  Va. Code Ann. § 34-4  Va. Code Ann. § 34-4  Va. Code Ann. § 34-29  Arket value, up to statutory limit   |
| \$350.00  \$350.00  Arket value, up to statutory limit  \$100.00  Arket value, up to statutory limit  \$10.00  Arket value, up to statutory limit  Va. Code Ann. § 34-4  Va. Code Ann. § 34-29  Arket value, up to statutory limit  Va. Code Ann. § 34-29  |
| \$350.00  Arket value, up to statutory limit  \$100.00  Arket value, up to statutory limit  \$10.00  Arket value, up to statutory limit  \$10.00  Arket value, up to statutory limit  \$10.00  Arket value, up to statutory limit  Va. Code Ann. § 34-4  Va. Code Ann. § 34-29  Arket value, up to statutory limit  Va. Code Ann. § 34-29   |
| \$100.00  \$100.00  Arket value, up to statutory limit  \$10.00  \$10.00  Arket value, up to statutory limit  \$10.00  Arket value, up to statutory limit  \$20.00  Arket value, up to statutory limit  \$34-4   Va. Code Ann. § 34-4   Va. Code Ann. § 34-29  Arket value, up to statutory limit   |
| \$100.00  \$100.00  Arket value, up to statutory limit  \$10.00  Arket value, up to statutory limit   Va. Code Ann. § 34-4  Va. Code Ann. § 34-4  Va. Code Ann. § 34-29  Arket value, up to statutory limit  Va. Code Ann. § 34-29  Arket value, up to statutory limit  |
| \$10.00  Statutory limit  \$10.00  Arket value, up to statutory limit  T5%  Va. Code Ann. § 34-4  Va. Code Ann. § 34-29  Arket value, up to statutory limit   |
| \$10.00 Va. Code Ann. § 34-4  arket value, up to statutory limit  75% Va. Code Ann. § 34-29  arket value, up to   |
| arket value, up to statutory limit  75%  Va. Code Ann. § 34-29  arket value, up to  |
| 75% Va. Code Ann. § 34-29  arket value, up to   |
| arket value, up to  |
|   |
| statutory limit   |
| 25% Va. Code Ann. § 34-4  |
| arket value, up to statutory limit  |
| 100% Va. Code Ann. § 34-34  |
| arket value, up to statutory limit  |
| 75% 15 U.S.C. § 1673  |
| arket value, up to<br>statutory limit   |
| 75% Va. Code Ann. § 34-29   |
| arket value, up to<br>statutory limit   |
| 25% Va. Code Ann. § 34-4  |
|   |
| a   |

Filed 09/20/17 Entered 09/20/17 21:23:24

| Case                            | 11-12323-1(11)                |   | 11 of 31                                  | 21.25.24 Des             | oc ivialii        |
|---------------------------------|-------------------------------|---|---|--------------------------|-------------------|
| Fill in this infor              | mation to identify you        |   | 11.01.31                                  |                          |                   |
| Debtor 1                        | Debra F. Reid                 |   |   |                          |                   |
|                                 | First Name                    | Middle Name Last Name   |   | -                        |                   |
| Debtor 2                        | First Name                    | Middle News Loot News   |   |                          |                   |
| (Spouse if, filing)             | First Name                    | Middle Name Last Name   |   |                          |                   |
| United States Ba                | ankruptcy Court for the:      | EASTERN DISTRICT OF VIRGINIA  |   | -                        |                   |
| _                               | 17-12923                      |   |   |                          |                   |
| (if known)                      |                               |   |   | _                        | if this is an     |
|                                 |                               |   |   | amend                    | ded filing        |
| Official Form                   | m 106D                        |   |   |                          |                   |
|                                 |                               | Who Have Claims Secure  | ed by Propert                             | V                        | 12/15             |
| Scricadic                       | D. Cicattors                  | Who have claims seeding   | ca by 1 topert                            | <u>y</u>                 | 12/13             |
|                                 |                               | two married people are filing together, both are e number the entries, and attach it to this form. On |   |                          |                   |
| 1. Do any creditors             | s have claims secured by      | your property?  |   |                          |                   |
| ☐ No. Chec                      | k this box and submit th      | nis form to the court with your other schedules   | . You have nothing else                   | to report on this form.  |                   |
| ■ Yes. Fill i                   | in all of the information     | below.  |   |                          |                   |
| Part 1: List A                  | All Secured Claims            |   |   |                          |                   |
|                                 |                               | ore than one secured claim, list the creditor separate  | ly for                                    | Column B                 | Column C          |
| each claim. If more             | e than one creditor has a pa  | articular claim, list the other creditors in Part 2. As mu  | ch Amount of claim                        | Value of collateral      | Unsecured         |
| as possible, list the           | e ciaims in aiphabelicaí orde | er according to the creditor's name.  | Do not deduct the<br>value of collateral. | that supports this claim | portion<br>If any |
|                                 | lome Loans, In                | Describe the property that secures the claim:   | \$150,435.00                              | \$415,000.00             | \$0.00            |
| Creditor's Nan                  | ne                            | 11009 Fairchester Dr. Fairfax, VA   |   |                          |                   |
|                                 |                               | 22030 Fairfax County SFH at 11009 Fairchester Dr.,  |   |                          |                   |
|                                 |                               | Fairfax, VA 22030.  |   |                          |                   |
|                                 |                               | Zillow & ReMax values of  |   |                          |                   |
|                                 |                               | \$456-457,000 are way too high -  |   |                          |                   |
|                                 |                               | property is in state of disrepair.  |   |                          |                   |
|                                 |                               | Debtor will surrender property, but   |   |                          |                   |
|                                 |                               | As of the date you file, the claim is: Check all that   |   |                          |                   |
| Po Box 2                        |                               | apply.  |   |                          |                   |
| -                               | a City, OK 73124              | Contingent  |   |                          |                   |
| Number, Stree                   | et, City, State & Zip Code    | Unliquidated  |   |                          |                   |
| Who owes the d                  | aht? Check one                | Disputed  Nature of lien. Check all that apply.   |   |                          |                   |
| _                               | ebt: Check one.               | ☐ An agreement you made (such as mortgage or s  | ecured                                    |                          |                   |
| ■ Debtor 1 only □ Debtor 2 only |                               | car loan)   | occurcu                                   |                          |                   |
| Debtor 1 and D                  | Jehtor 2 only                 | ☐ Statutory lien (such as tax lien, mechanic's lien)  |   |                          |                   |
| _                               | the debtors and another       | ☐ Judgment lien from a lawsuit  |   |                          |                   |
| Check if this c                 | laim relates to a             | Other (including a right to offset)  Deed of  | Trust                                     |                          |                   |
|                                 | Opened                        |   |   |                          |                   |
|                                 | 08/11 Last                    |   |   |                          |                   |
| Date debt was inc               |                               | Last 4 digits of account number 152   | 3   |                          |                   |
|                                 |                               |   |   |                          |                   |
| 2.2 Rushmor                     | re Loan Mgmt.                 | Describe the property that secures the claim:   | \$224.074.00                              | \$415.000.00             | \$0.00            |

Serv.

Describe the property that secures the claim:

\$0.00

\$415,000.00

\$224,074.00

## Case 17-12923-KHK Doc 18 Filed 09/20/17 Entered 09/20/17 21:23:24 Desc Main Document Page 12 of 31

| Debtor 1 Debra F. Reid   |   | Case number (if know)                | 17-12923                               |
|--|---|--------------------------------------|--|
| First Name Middle Na   | ame Last Name   |                                      |  |
| PO Box 52708 Irvine, CA 92619  Number, Street, City, State & Zip Code  | 11009 Fairchester Dr. Fairfax, VA 22030 Fairfax County SFH at 11009 Fairchester Dr., Fairfax, VA 22030. Zillow & ReMax values of \$456-457,000 are way too high - property is in state of disrepair. Debtor will surrender property, b res As of the date you file, the claim is: Check al apply.  Contingent Unliquidated Disputed | ut                                   |  |
| Who owes the debt? Check one.  | Nature of lien. Check all that apply.   |                                      |  |
| ■ Debtor 1 only  | ☐ An agreement you made (such as mortgage   | ge or secured                        |  |
| ☐ Debtor 2 only  | car loan)   |                                      |  |
| Debtor 1 and Debtor 2 only   | ☐ Statutory lien (such as tax lien, mechanic's  | s lien)                              |  |
| At least one of the debtors and another  | Judgment lien from a lawsuit  |                                      |  |
| ☐ Check if this claim relates to a community debt  | Other (including a right to offset)   | d of Trust                           |  |
| Opened 8/04/05 Last Active 10/25/15  | Last 4 digits of account number   | 8076                                 |  |
| Add the dollar value of your entries in Co<br>If this is the last page of your form, add t<br>Write that number here:  Part 2: List Others to Be Notified fo |   | \$374,509.<br>\$374,509.             |  |
| to collect from you for a debt you owe to se   | notified about your bankruptcy for a debt the precion else, list the creditor in Part 1, and the in Part 1, list the additional creditors here. If  | hen list the collection agency here  | . Similarly, if you have more than one |
| Name, Number, Street, City, State & Z  | ip Code   | On which line in Part 1 did you ente | r the creditor? 2.2                    |
| Bank Of America, N.a<br>4909 Savarese Circle   |   | Last Adiates of account according    |  |
| Tampa, FL 33634  |   | Last 4 digits of account number      |  |
| Name, Number, Street, City, State & Z<br>Bank Of America, N.A.<br>4161 Piedmont Pkwy<br>Greensboro, NC 27410   | ip Code   | On which line in Part 1 did you ente | r the creditor? _2.2_                  |
| Name, Number, Street, City, State & Z<br>Seterus, Inc<br>14523 Sw Millikan Way St  | ip Code   | On which line in Part 1 did you ente | r the creditor? 2.1                    |
| Beaverton, OR 97005  |   | Last 4 digits of account number      |  |

|  | dentify your case:   | Document Pag   | e 13 of 3                       |                                     |                        |                    |
|--|--|--|---------------------------------|-------------------------------------|------------------------|--------------------|
|  | F. Reid  |  |                                 |                                     |                        |                    |
| First Name   |  | e Name Last Na   | ne                              |                                     |                        |                    |
| Debtor 2   | A C - L - U  | e Name Last Na   |                                 |                                     |                        |                    |
| (Spouse if, filing) First Name   |  |  | пе                              |                                     |                        |                    |
| United States Bankruptcy Co  | ourt for the: EASTER   | N DISTRICT OF VIRGINIA   |                                 |                                     |                        |                    |
| Case number 17-12923   |  |  |                                 |                                     |                        |                    |
| (if known)   |  |  |                                 |                                     | ☐ Check                | if this is an      |
|  |  |  |                                 |                                     | amend                  | ed filing          |
| Official Form 106E/  | 'F   |  |                                 |                                     |                        |                    |
|  |  | e Unsecured Clain  | 16                              |                                     |                        | 12/15              |
|  |  | reditors with PRIORITY claims a  |                                 | reditors with NONP                  | RIORITY claims. List   |                    |
|  | PRIORITY Unsecured C   |  |                                 |                                     |                        |                    |
| 1. Do any creditors have prior   | rity unsecured claims aga  | inst you?  |                                 |                                     |                        |                    |
| ☐ No. Go to Part 2.  ☐ Yes.  |  |  |                                 |                                     |                        |                    |
| identify what type of claim it i   | is. If a claim has both priority phabetical order according to   | has more than one priority unsecuty and nonpriority amounts, list that to the creditor's name. If you have run the other creditors in Part 3.  | claim here and                  | show both priority and              | d nonpriority amounts. | As much as         |
| (For an explanation of each t  | •  | ctions for this form in the instruction  |                                 | Total claim                         | Priority               | ŭ                  |
|  | •  | ctions for this form in the instruction  |                                 | Total claim                         | Priority<br>amount     | Nonpriority amount |
| 2.1 <b>IRS</b>   | type of claim, see the instruc   | ctions for this form in the instruction  Last 4 digits of account numbe  | ŕ                               | Total claim \$1,430.00              |                        | Nonpriority amount |
| 2.1 IRS Priority Creditor's Name P.O. Box 7346   | type of claim, see the instruc   |  | ŕ                               | \$1,430.00                          | amount                 | Nonpriority amount |
| 2.1 IRS Priority Creditor's Name   | type of claim, see the instruction of claim, see the claim of clai | Last 4 digits of account numbe   | TY's 201                        | \$1,430.00<br>5 & 2016              | amount                 | Nonpriority amount |
| 2.1 IRS Priority Creditor's Name P.O. Box 7346 Philadelphia, PA  | type of claim, see the instruction of claim, see the claim of claim of claim of claim.   | Last 4 digits of account numbe When was the debt incurred?   | TY's 201                        | \$1,430.00<br>5 & 2016              | amount                 | Nonpriority amount |
| 2.1 IRS Priority Creditor's Name P.O. Box 7346 Philadelphia, PA Number Street City State   | type of claim, see the instruction of claim, see the claim of claim of claim of claim.   | Last 4 digits of account numbe When was the debt incurred? As of the date you file, the claim  | TY's 201                        | \$1,430.00<br>5 & 2016              | amount                 | Nonpriority amount |
| 2.1 IRS  Priority Creditor's Name P.O. Box 7346  Philadelphia, PA  Number Street City Stat Who incurred the debt? Company  | type of claim, see the instruction of claim, see the claim of claim of claim of claim.   | Last 4 digits of account number.  When was the debt incurred?  As of the date you file, the claim.  Contingent   | TY's 201                        | \$1,430.00<br>5 & 2016              | amount                 | Nonpriority amount |
| 2.1 IRS Priority Creditor's Name P.O. Box 7346 Philadelphia, PA Number Street City Stat Who incurred the debt? C   | type of claim, see the instruction of claim, see the claim of claim of claim, see the claim of claim.  | Last 4 digits of account number.  When was the debt incurred?  As of the date you file, the claim.  Contingent.  Unliquidated.   | TY's 201                        | \$1,430.00<br>5 & 2016              | amount                 | Nonpriority amount |
| IRS Priority Creditor's Name P.O. Box 7346 Philadelphia, PA Number Street City Stat Who incurred the debt? Co Debtor 1 only Debtor 2 only  | type of claim, see the instruction  19101-7346 te Zlp Code Check one.  | Last 4 digits of account number.  When was the debt incurred?  As of the date you file, the claim.  Contingent.  Unliquidated.  Disputed.  | TY's 201                        | \$1,430.00<br>5 & 2016              | amount                 | Nonpriority amount |
| 2.1 IRS Priority Creditor's Name P.O. Box 7346 Philadelphia, PA Number Street City Stat Who incurred the debt? C Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 of  | type of claim, see the instruction  19101-7346 te Zlp Code Check one.  | Last 4 digits of account number.  When was the debt incurred?  As of the date you file, the claim.  Contingent.  Unliquidated.  Disputed.  Type of PRIORITY unsecured of   | TY's 201                        | \$1,430.00<br>5 & 2016<br>hat apply | amount                 | Nonpriority amount |
| 2.1 IRS Priority Creditor's Name P.O. Box 7346 Philadelphia, PA Number Street City Stat Who incurred the debt? Co Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtor  | 19101-7346 te Zlp Code Check one.  | Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim Contingent Unliquidated Disputed Type of PRIORITY unsecured of Domestic support obligations  | TY's 201  is: Check all t  aim: | \$1,430.00 5 & 2016 hat apply       | amount                 | Nonpriority amount |
| IRS Priority Creditor's Name P.O. Box 7346 Philadelphia, PA Number Street City Stat Who incurred the debt? O Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 of At least one of the debtor Check if this claim is f Is the claim subject to off                        | 19101-7346 te Zlp Code Check one.  | Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim  Contingent  Unliquidated  Disputed  Type of PRIORITY unsecured of the companies of the companie | TY's 201                        | \$1,430.00 5 & 2016 hat apply       | amount                 | Nonpriority amount |
| IRS Priority Creditor's Name P.O. Box 7346 Philadelphia, PA Number Street City Stat Who incurred the debt? O Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 of At least one of the debtor Check if this claim is f Is the claim subject to off                        | 19101-7346 te Zlp Code Check one.  | Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim Contingent Unliquidated Disputed Type of PRIORITY unsecured of Domestic support obligations Taxes and certain other debts Claims for death or personal in  | TY's 201                        | \$1,430.00 5 & 2016 hat apply       | amount                 | Nonpriority amount |
| IRS Priority Creditor's Name P.O. Box 7346 Philadelphia, PA Number Street City Stat Who incurred the debt? Co Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtor Check if this claim is f Is the claim subject to offi                    | 19101-7346 te Zlp Code Check one.  | Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim Contingent Unliquidated Disputed Type of PRIORITY unsecured of Domestic support obligations Taxes and certain other debts Claims for death or personal in Other. Specify income to  | TY's 201                        | \$1,430.00 5 & 2016 hat apply       | amount                 | Nonpriority        |
| 2.1  IRS  Priority Creditor's Name P.O. Box 7346  Philadelphia, PA  Number Street City Stat  Who incurred the debt? Of  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 of  At least one of the debtor  Check if this claim is for the claim subject to off  No  Yes | type of claim, see the instruction  19101-7346 te Zlp Code Check one.  only ors and another for a community debt fset?   | Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim Contingent Unliquidated Disputed Type of PRIORITY unsecured of Domestic support obligations Taxes and certain other debts Claims for death or personal in Other. Specify income to   | TY's 201                        | \$1,430.00 5 & 2016 hat apply       | amount                 | Nonpriority amount |

- - Yes.
- List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Case 17-12923-KHK Doc 18 Filed 09/20/17 Entered 09/20/17 21:23:24 Desc Main Document Page 14 of 31

|  | Case number (if know) 17-12923  |  |
|--|---|--|
| Last 4 digits of account number  | 0888  | \$0.00   |
| When was the debt incurred?  | Opened 12/16/03 Last Active 2/01/13   |  |
| ☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecure ☐ Student loans ☐ Obligations arising out of a separeport as priority claims                                      | d claim:<br>aration agreement or divorce that you did not   |  |
| Last 4 digits of account number  | 6636  | \$17,660.00  |
| When was the debt incurred?  | Opened 12/16/03 Last Active 05/13   |  |
| ☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecure ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharing | d claim: aration agreement or divorce that you did not ag plans, and other similar debts  |  |
| Last 4 digits of account number  | 8990  | \$0.00   |
| When was the debt incurred?  | Opened 9/01/87 Last Active 8/17/12  |  |
| ☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecure ☐ Student loans ☐ Obligations arising out of a separeport as priority claims                                      | d claim:<br>aration agreement or divorce that you did not   |  |
|  | When was the debt incurred?  As of the date you file, the claim in Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a separate of the date you file, the claim in Contingent Unliquidated Disputed Type of NONPRIORITY unsecured?  As of the date you file, the claim in Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a separate of None or profit-sharing Contingent Contingent Contingent Contingent Cother. Specify  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim in Cother. Specify Credit Care  When was the debt incurred?  As of the date you file, the claim in Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a separate of NONPRIORITY unsecured Student loans Obligations arising out of a separate of NONPRIORITY unsecured Student loans Obligations arising out of a separate of NONPRIORITY unsecured | Unliquidated Disputed Disputed Contingent Other. Specify  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Cother. Specify  Contingent Unliquidated Disputed Type of None of the claim is: Check all that apply Cother. Specify  Last 4 digits of account number Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Cother. Specify  Last 4 digits of account number Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Cother. Specify  Last 4 digits of account number Contingent Unliquidated Disputed Type of None or profit-sharing plans, and other similar debts Cother. Specify Credit Card  Last 4 digits of account number Student loans Debts to pension or profit-sharing plans, and other similar debts Credit Card  Last 4 digits of account number Secure of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of None of the claim is: Check all that apply Contingent Unliquidated Disputed Type of None of the claim is: Check all that apply Contingent Unliquidated Disputed Type of None of None of the claim is: Check all that apply Contingent Unliquidated Disputed Type of None of None of the claim is: Check all that apply Contingent Unliquidated Disputed Type of None of None of the claim is: Check all that apply Contingent Unliquidated Disputed Type of None of None of the claim is: Check all that apply Contingent Unliquidated Disputed Type of None of None of the claim is: Check all that apply Contingent Unliquidated Disputed Type of None of None of the claim is: Check all that apply Contingent Unliquidated Disputed Type of None of None of the claim is: Check all that apply Contingent Unliquidated Disputed Type of None of None of the claim is: Check all that apply |

Case 17-12923-KHK Doc 18 Filed 09/20/17 Entered 09/20/17 21:23:24 Desc Main Document Page 15 of 31

| Debtor | 1 Debra F. Reid   |  | Case number (if know) 17-12923               |          |  |  |  |
|--------|---|--|--|----------|--|--|--|
| 4.4    | Citi Nonpriority Creditor's Name  | Last 4 digits of account number                              | 5011   | \$0.00   |  |  |  |
|        | Po Box 6241<br>Sioux Falls, SD 57117  | When was the debt incurred?                                  | Opened 2/01/90 Last Active 1/28/13           |          |  |  |  |
|        | Number Street City State Zlp Code  Who incurred the debt? Check one.          | As of the date you file, the claim i                         | s: Check all that apply                      |          |  |  |  |
|        | Debtor 1 only   | ☐ Contingent ☐ Unliquidated                                  |  |          |  |  |  |
|        | ☐ Debtor 2 only   | ☐ Disputed   |  |          |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured                                | d claim:                                     |          |  |  |  |
|        | ☐ At least one of the debtors and another                                     | ☐ Student loans  |  |          |  |  |  |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |          |  |  |  |
|        | ■ No  | ☐ Debts to pension or profit-sharin                          | g plans, and other similar debts             |          |  |  |  |
|        | Yes   | <u>_</u>   |  |          |  |  |  |
| 4.5    | Debt Rec Sol Nonpriority Creditor's Name                                      | Last 4 digits of account number                              | 8597   | \$154.00 |  |  |  |
|        | 6800 Jericho Turnpike<br>Syosset, NY 11791                                    | When was the debt incurred?                                  | Opened 10/03/16 Last Active 04/14            |          |  |  |  |
|        | Number Street City State Zlp Code   | As of the date you file, the claim i                         | s: Check all that apply                      |          |  |  |  |
|        | Who incurred the debt? Check one.   | ☐ Contingent   |  |          |  |  |  |
|        | ■ Debtor 1 only   | ☐ Unliquidated   |  |          |  |  |  |
|        | ☐ Debtor 2 only   | '  |  |          |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecure                     | 1 claim:                                     |          |  |  |  |
|        | ☐ At least one of the debtors and another                                     | Student loans  | diami.                                       |          |  |  |  |
|        | ☐ Check if this claim is for a community debt                                 | ☐ Obligations arising out of a separeport as priority claims |  |          |  |  |  |
|        | ■ No  | Debts to pension or profit-sharin                            |  |          |  |  |  |
|        | Yes   | ■ Other. Specify 11 Verizon                                  |  |          |  |  |  |
| 4.6    | Discover Fin Svcs Llc   | Last 4 digits of account number                              | 7679   | \$0.00   |  |  |  |
|        | Nonpriority Creditor's Name  Po Box 15316  Wilmington, DE 19850               | When was the debt incurred?                                  | Opened 11/25/87 Last Active 12/04/11         |          |  |  |  |
|        | Number Street City State Zlp Code   | As of the date you file, the claim i                         | s: Check all that apply                      |          |  |  |  |
|        | Who incurred the debt? Check one.   | ☐ Contingent   |  |          |  |  |  |
|        | ■ Debtor 1 only   | -  |  |          |  |  |  |
|        | ☐ Debtor 2 only   | ☐ Unliquidated   |  |          |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecured                    | l claim:                                     |          |  |  |  |
|        | ☐ At least one of the debtors and another                                     | Student loans  | a Claiiii.                                   |          |  |  |  |
|        | ☐ Check if this claim is for a community debt                                 | ☐ Obligations arising out of a separeport as priority claims |  |          |  |  |  |
|        | No  | Debts to pension or profit-sharin                            |  |          |  |  |  |
|        |   | Other. Specify Charge Account                                |  |          |  |  |  |
|        | Yes   | Other. Specify Charge AC                                     | Count  |          |  |  |  |

Case 17-12923-KHK Doc 18 Filed 09/20/17 Entered 09/20/17 21:23:24 Desc Main Document Page 16 of 31

| Deptor 1            | Debra F. I                            | Reid   |  | Case         | number (if know)       | 17-12923              |                        |
|---------------------|---------------------------------------|--|--|--------------|------------------------|-----------------------|------------------------|
|                     | Discover Figure Nonpriority Cred      |  | Last 4 digits of account number  | 7679         | 9                      | _                     | \$12,181.00            |
|                     | Po Box 153 <sup>o</sup><br>Wilmington | 16   | When was the debt incurred?  | Ope<br>12/0  | ned 11/87 Last<br>4/11 | t Active              |                        |
| Ī                   | Number Street C                       | City State Zlp Code                              | As of the date you file, the claim   | is: Check    | k all that apply       |                       |                        |
|                     | _                                     | he debt? Check one.                              | ☐ Contingent   |              |                        |                       |                        |
|                     | ■ Debtor 1 only                       | y  | ☐ Unliquidated   |              |                        |                       |                        |
|                     | ☐ Debtor 2 only                       | /  | ☐ Disputed   |              |                        |                       |                        |
|                     | Debtor 1 and                          | Debtor 2 only                                    | Type of NONPRIORITY unsecure   | ed claim:    |                        |                       |                        |
|                     | ☐ At least one                        | of the debtors and another                       | ☐ Student loans  |              |                        |                       |                        |
|                     | ☐ Check if this                       | s claim is for a community debt pject to offset? | ☐ Obligations arising out of a sep report as priority claims   | aration ag   | greement or divorce t  | hat you did not       |                        |
|                     | No                                    |  | Debts to pension or profit-sharing   | ng plans,    | and other similar deb  | ots                   |                        |
|                     | ☐ Yes                                 |  | Other. Specify Credit Car  | d            |                        |                       |                        |
|                     | I.c. System                           |  | Last 4 digits of account number  | 0001         | <u> </u>               |                       | \$65.00                |
|                     | Po Box 643 Saint Paul,                | 78   | When was the debt incurred?  | Ope<br>10/1  | ned 01/14 Last<br>3    | t Active              |                        |
| _                   |                                       | City State Zlp Code                              | As of the date you file, the claim   | is: Check    | k all that apply       |                       |                        |
|                     |                                       | he debt? Check one.                              | •  |              |                        |                       |                        |
|                     | ■ Debtor 1 only                       | <i>V</i>   | ☐ Contingent   |              |                        |                       |                        |
|                     | ☐ Debtor 2 only                       |  | ☐ Unliquidated   |              |                        |                       |                        |
|                     | ☐ Debtor 1 and                        | •  | ☐ Disputed  Type of NONPRIORITY unsecure   |              |                        |                       |                        |
|                     | ☐ At least one                        |  |  |              |                        |                       |                        |
|                     |                                       | s claim is for a community debt                  | ☐ Student loans  |              |                        |                       |                        |
|                     | Is the claim sub                      |  | Obligations arising out of a sepreport as priority claims  | aration ag   | greement or divorce t  | hat you did not       |                        |
|                     | ■ No                                  | ,,   | Debts to pension or profit-shari   | ng plans.    | and other similar deb  | ots                   |                        |
|                     | ☐ Yes                                 |  | ■ Other Specify Collection   | •            |                        |                       |                        |
| Part 3:             | List Others                           | s to Be Notified About a Debt                    | That You Already Listed  |              |                        |                       |                        |
| trying t<br>more th | to collect from y<br>han one credito  | ou for a debt you owe to someor                  | ut your bankruptcy, for a debt that you<br>he else, list the original creditor in Pa<br>ted in Parts 1 or 2, list the additional<br>age. | arts 1 or 2  | 2, then list the colle | ction agency here. S  | Similarly, if you have |
|                     | d Address                             |  | n which entry in Part 1 or Part 2 did you  | u list the o | original creditor?     |                       |                        |
|                     | lichmond                              |  |  |              |                        | ty Unsecured Claims   |                        |
|                     | I Procedure<br>ox 10025               | 5 Dialicii                                       | [  | ☐ Part 2:    | Creditors with Nonp    | riority Unsecured Cla | ims                    |
| _                   | ond, VA 232                           |  | ast 4 digits of account number   |              |                        |                       |                        |
| Part 4:             | Add the An                            | nounts for Each Type of Uns                      | ecured Claim   |              |                        |                       |                        |
|                     | ne amounts of cecured claim.          | certain types of unsecured claims                | . This information is for statistical re   | porting p    | purposes only. 28 U    | I.S.C. §159. Add the  | amounts for each type  |
|                     |                                       |  |  |              | Total                  | Claim                 |                        |
|                     | 6a.                                   | Domestic support obligations                     |  | 6a.          | \$                     | 0.00                  |                        |
| Total clai          |                                       | Taxes and certain other debts y                  | ou owe the government  | 6b.          | \$                     | 1,430.00              |                        |
|                     | 6c.                                   | Claims for death or personal inj                 | ury while you were intoxicated   | 6c.          | \$                     | 0.00                  |                        |
|                     | 6d.                                   | Other. Add all other priority unsec              | ured claims. Write that amount here.   | 6d.          | \$                     | 0.00                  |                        |
|                     | 6e.                                   | Total Priority. Add lines 6a through             | gh 6d.   | 6e.          | \$                     | 1,430.00              |                        |
|                     |                                       |  |  |              |                        |                       |                        |
|                     | 6f.                                   | Student loans                                    |  | 6f.          | Total                  | Claim<br>0 00         |                        |

Case 17-12923-KHK Doc 18 Filed 09/20/17 Entered 09/20/17 21:23:24 Desc Main Document Page 17 of 31

Debtor 1 Debra F. Reid Case number (if know) 17-12923

Total claims from Part 2 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6h. \$ 0.00

did not report as priority claims
6g. \$

Check to pension or profit-sharing plans, and other similar debts
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.
6i. \$

Check to pension or profit-sharing plans, and other similar debts
6i. \$

Check to pension or profit-sharing plans, and other similar debts
6i. \$

Check to pension or profit-sharing plans, and other similar debts
6i. \$

Check to pension or profit-sharing plans, and other similar debts
6i. \$

Check to pension or profit-sharing plans, and other similar debts
6i. \$

Check to pension or profit-sharing plans, and other similar debts
6i. \$

Check to pension or profit-sharing plans, and other similar debts
6i. \$

Check to pension or profit-sharing plans, and other similar debts
6i. \$

Check to pension or profit-sharing plans, and other similar debts
6i. \$

Check to pension or profit-sharing plans, and other similar debts
6i. \$

Check to pension or profit-sharing plans, and other similar debts
6i. \$

Check to pension or profit-sharing plans, and other similar debts
6i. \$

Check to pension or profit-sharing plans, and other similar debts
6i. \$

Check to pension or profit-sharing plans, and other similar debts
6i. \$

Check to pension or profit-sharing plans, and other similar debts
6i. \$

Check to pension or profit-sharing plans, and other similar debts
6i. \$

Check to pension or profit-sharing plans, and other similar debts
6i. \$

Check to pension or profit-sharing plans, and other similar debts
6i. \$

Check to pension or profit-sharing plans, and other similar debts
6i. \$

Check to pension or profit-sharing plans, and other similar debts
6i. \$

Check to pension or profit-sharing plans, and other similar debts
6i. \$

Check to pension or profit-sharing plans, and other similar debts
6i. \$

Check to pension or profit-sharing plans, and other similar debts
6i. \$

Check to pension or profit-sharing plans, and other similar debts
6i. \$

Check to pension or profit-sharing plans, and other similar debts
6i. \$

Check to pension or profit-s

Case 17-12923-KHK Doc 18 Filed 09/20/17 Entered 09/20/17 21:23:24 Desc Main

| Debtor 1  Debta F. Reid First Name  Debtor 2 (Spouse if, filing)  United States Bankruptcy Court for the:  EASTERN DISTRICT OF VIRGINIA  T-12923  |
|---|
| First Name Middle Name Last Name  Debtor 2 (Spouse if, filing) First Name Middle Name Last Name  United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA  Case number 17-12923 |
| Debtor 2 (Spouse if, filing) First Name Middle Name Last Name  United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA  Case number 17-12923                                   |
| (Spouse if, filing) First Name Middle Name Last Name  United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA  Case number 17-12923  |
| United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA  Case number 17-12923  |
| Case number 17-12923  |
|   |
| (if known)  |
| (i Alberty  |

### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı   | Person or | company with | whom you have the | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|-------------------|---------------------|---|
| 2.1 |           | ·            | , ,               |                     |   |
|     | Name      |              |                   |                     |   |
|     | Number    | Street       |                   |                     |   |
|     | City      |              | State             | ZIP Code            | <del>_</del>                            |
| 2.2 | -         |              |                   |                     |   |
|     | Name      |              |                   |                     |   |
|     | Number    | Street       |                   |                     | <u> </u>                                |
|     | City      |              | State             | ZIP Code            | _                                       |
| 2.3 | Oity      |              | Oldio             | 211 0000            |   |
|     | Name      |              |                   |                     |   |
|     | Number    | Street       |                   |                     | <u> </u>                                |
|     | City      |              | State             | ZIP Code            | <del>_</del>                            |
| 2.4 |           |              |                   |                     |   |
|     | Name      |              |                   |                     |   |
|     | Number    | Street       |                   |                     | _                                       |
|     | City      |              | State             | ZIP Code            | <del>_</del>                            |
| 2.5 |           |              |                   |                     |   |
|     | Name      |              |                   |                     |   |
|     | Number    | Street       |                   |                     | _                                       |
|     | City      |              | State             | ZIP Code            | <u> </u>                                |

Case 17-12923-KHK Doc 18 Filed 09/20/17 Entered 09/20/17 21:23:24 Desc Main

|                                |  | Documen                       | t Page 19 of           | 31  |
|--------------------------------|--|-------------------------------|------------------------|---|
| Fill in this                   | information to identify your                                       | case:                         |                        |   |
| Debtor 1                       | Debra F. Reid  |                               |                        |   |
| Dobtor 2                       | First Name   | Middle Name                   | Last Name              |   |
| Debtor 2<br>(Spouse if, filing | ng) First Name   | Middle Name                   | Last Name              |   |
| United Stat                    | tes Bankruptcy Court for the:                                      | EASTERN DISTRICT OF           | VIRGINIA               |   |
| Case numb                      | per 17-12923   |                               |                        | Check if this is an   |
| (                              |  |                               |                        | ☐ Check if this is an amended filing  |
| Official                       | Form 106H  |                               |                        |   |
|                                | ule H: Your Cod  | ohtors                        |                        | 42/45   |
| Scried                         | ule II. Toul Cou   | EDIOI 3                       |                        | 12/15   |
| our name                       | and case number (if known  | . Answer every question.      | -                      | this page. On the top of any Additional Pages, write as a codebtor.   |
| ■ No                           |  |                               |                        |   |
| ☐ Yes                          |  |                               |                        |   |
|                                | nin the last 8 years, have you<br>a, California, Idaho, Louisiana  |                               |                        | ? (Community property states and territories include gton, and Wisconsin.)  |
| ■ No.                          | Go to line 3.  |                               |                        |   |
|                                | . Did your spouse, former spo                                      | use, or legal equivalent live | with you at the time?  |   |
| in line<br>Form                | 2 again as a codebtor only   | if that person is a guaranto  | or or cosigner. Make s | f your spouse is filing with you. List the person shown<br>ure you have listed the creditor on Schedule D (Official<br>G). Use Schedule D, Schedule E/F, or Schedule G to |
|                                | Column 1: Your codebtor<br>Name, Number, Street, City, State and Z | IP Code                       |                        | Column 2: The creditor to whom you owe the debt Check all schedules that apply:   |
| 3.1                            |  |                               |                        | ☐ Schedule D, line  |
| 1                              | Name   |                               |                        | Schedule E/F, line  |
|                                |  |                               |                        | ☐ Schedule G, line  |
|                                | Number Street<br>City  | State                         | ZIP Code               |   |
| 3.2                            |  |                               |                        | ☐ Schedule D, line  |
|                                | Name   |                               |                        | ☐ Schedule E/F, line  |
|                                |  |                               |                        | ☐ Schedule G, line  |
| _                              | Number Street  |                               |                        |   |

State

City

ZIP Code

# Case 17-12923-KHK Doc 18 Filed 09/20/17 Entered 09/20/17 21:23:24 Desc Main Document Page 20 of 31

| E:III       | in this information to identify your   | 0000  |                                   |                |      | 1                                  |                           |                           |           |
|-------------|--|---|-----------------------------------|----------------|------|------------------------------------|---------------------------|---------------------------|-----------|
|             | otor 1 Debra F. R  |   |                                   |                |      |                                    |                           |                           |           |
|             | btor 2  buse, if filing)   |   |                                   |                |      |                                    |                           |                           |           |
| Uni         | ted States Bankruptcy Court for th   | ne: _EASTERN DISTRICT                                   | OF VIRGINIA                       |                |      |                                    |                           |                           |           |
|             | se number 17-12923   |   | -                                 |                |      |                                    | ded filing<br>nent showi  | ng postpetition           |           |
| 0           | fficial Form 106l  |   |                                   |                |      | MM / DD/                           |                           | following date:           |           |
| S           | chedule I: Your Inc  | come  |                                   |                |      | WIIWI / BB/                        |                           |                           | 12/15     |
| spo<br>atta | plying correct information. If you see. If you are separated and you have separated to this form the separate sheet to the separate sheet shee | our spouse is not filing w<br>. On the top of any addit | ith you, do not inclu             | ude infor      | mati | on about your s<br>d case number ( | pouse. If r<br>if known). | nore space is             | needed,   |
|             | information.   |   | ■ Employed                        |                |      | □ Emp                              |                           | illing spouse             |           |
|             | If you have more than one job, attach a separate page with information about additional  | Employment status                                       | ☐ Not employed                    |                |      |                                    | employed                  |                           |           |
|             | employers.   | Occupation  | program coord.                    | program coord. |      |                                    |                           |                           |           |
|             | Include part-time, seasonal, or self-employed work.  | Employer's name   | JK Moving Serv                    | /ices          |      |                                    |                           |                           |           |
|             | Occupation may include student or homemaker, if it applies.  | Employer's address                                      | 44112 Mercure<br>Sterling, VA 201 | _              |      |                                    |                           |                           |           |
|             |  | How long employed t                                     | here? 2 yrs.                      |                |      |                                    |                           |                           |           |
| Par         | Give Details About Mo  | onthly Income   |                                   |                |      |                                    |                           |                           |           |
|             | mate monthly income as of the use unless you are separated.  | date you file this form. If                             | you have nothing to               | report for     | any  | line, write \$0 in the             | ne space. I               | nclude your no            | on-filing |
|             | ou or your non-filing spouse have re space, attach a separate sheet  |   | ombine the information            | on for all     | emp  | oyers for that per                 | son on the                | lines below. If           | you need  |
|             |  |   |                                   |                |      | For Debtor 1                       |                           | ebtor 2 or<br>ling spouse |           |
| 2.          | List monthly gross wages, sal deductions). If not paid monthly   |   |                                   | 2.             | \$   | 3,824.56                           | \$                        | N/A                       |           |
| 3.          | Estimate and list monthly ove  | rtime pay.  |                                   | 3.             | +\$  | 0.00                               | _ +\$                     | N/A                       |           |
| 4.          | Calculate gross Income. Add  | line 2 + line 3.  |                                   | 4.             | \$   | 3,824.56                           | \$                        | N/A                       |           |

# Case 17-12923-KHK Doc 18 Filed 09/20/17 Entered 09/20/17 21:23:24 Desc Main Document Page 21 of 31

| Debt | or 1           | Debra F. Reid  |            | Ca          | ase number (if known) | _17  | 7-12923    |              |  |
|------|----------------|--|------------|-------------|-----------------------|------|------------|--------------|--|
|      |                |  |            | F           | For Debtor 1          |      | For Debtor |              |  |
|      | Cop            | y line 4 here  | 4.         | \$          | 3,824.56              |      |            | N/A          | _  |
|      |                |  |            |             |                       |      |            |              | _  |
| 5.   | List           | all payroll deductions:  |            |             |                       |      |            |              |  |
|      | 5a.            | Tax, Medicare, and Social Security deductions  | 5a.        |             |                       | . 9  |            | N/A          | _  |
|      | 5b.            | Mandatory contributions for retirement plans   | 5b.        |             |                       | . 9  |            | N/A          |  |
|      | 5c.<br>5d.     | Voluntary contributions for retirement plans Required repayments of retirement fund loans  | 5c.<br>5d. |             |                       | . 9  |            | N/A<br>N/A   | _  |
|      | 5e.            | Insurance  | 5e.        |             |                       | . 9  |            | N/A          | _  |
|      | 5f.            | Domestic support obligations   | 5f.        | \$          |                       | . }  |            | N/A          | _  |
|      | 5g.            | Union dues   | 5g.        | . \$        |                       | •    | 5          | N/A          |  |
|      | 5h.            | Other deductions. Specify:   | _ 5h.      | + \$        | 0.00                  | + \$ | 5          | N/A          | <u> </u>                                     |
| 6.   | Add            | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.         | \$          | 1,069.60              | . 9  | S          | N/A          | <u>-</u>                                     |
| 7.   | Calc           | ulate total monthly take-home pay. Subtract line 6 from line 4.  | 7.         | \$          | 2,754.96              | . 9  | S          | N/A          | <u>.                                    </u> |
| 8.   | List<br>8a.    | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total            |            |             |                       |      |            |              |  |
|      |                | monthly net income.  | 8a.        | . \$        | 0.00                  | . 9  | S          | N/A          | <u>.                                    </u> |
|      | 8b.            | Interest and dividends   | 8b.        | . \$        | 0.00                  | . 9  | S          | N/A          |  |
|      | 8c.            | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.        |             |                       |      |            | N/A          |  |
|      | 8d.            | Unemployment compensation  | 8d.        |             |                       | -    |            | N/A          |  |
|      | 8e.            | Social Security  | 8e.        | . \$        | 0.00                  | . 9  | <u> </u>   | N/A          | <u>.</u>                                     |
|      | 8f.            | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | e<br>8f.   | \$          | o. <b>00</b>          | 9    | S          | N/A          |  |
|      | 8g.            | Pension or retirement income   | _<br>8g.   | . \$        |                       | •    |            | N/A          |  |
|      | 8h.            | Other monthly income. Specify:   | _ 8h.      | + \$        | 0.00                  | + \$ | 5          | N/A          | <br>   |
| 9.   | Add            | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.         | \$_         | 0.00                  |      | S          | N/           | A  |
| 10   | Calc           | ulate monthly income. Add line 7 + line 9.   | 10.        | <del></del> | 2,754.96 + \$         |      | N/A        | = \$         | 2,754.96                                     |
|      |                | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |            |             | 2,734.30              |      | IVA        |              | 2,734.30                                     |
| 11.  | State<br>Inclu | e all other regular contributions to the expenses that you list in <i>Schedule</i> de contributions from an unmarried partner, members of your household, your r friends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are not  | depe       |             |                       | ,    | in Schedu  | le J.<br>+\$ | 0.00   |
| 12.  |                | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certales  |            |             |                       |      |            | \$           | 2,754.96                                     |
|      |                |  |            |             |                       |      |            |              | ly income                                    |
| 13.  | Do y ■         | ou expect an increase or decrease within the year after you file this form  No.  Yes. Explain:   | ?          |             |                       |      |            |              |  |

|            |                               |                                       |                |  |                      | ı          |                    |  |
|------------|-------------------------------|---------------------------------------|----------------|--|----------------------|------------|--------------------|--|
| Fill       | in this informa               | tion to identify yo                   | our case:      |  |                      |            |                    |  |
| Deb        | otor 1                        | Debra F. Rei                          | d              |  |                      | Ch         | eck if this is:    |  |
| Debtor 2   |                               |                                       |                |  |                      |            | An amended filing  | wing postpetition chapter                            |
|            | ouse, if filing)              |                                       |                |  |                      |            |                    | the following date:                                  |
| Unit       | ed States Bankr               | uptcy Court for the:                  | EASTE          | RN DISTRICT OF VIRGIN                        | IIA                  |            | MM / DD / YYYY     |  |
| Cas        | e number 17                   | 7-12923                               |                |  |                      |            |                    |  |
| 1          | nown)                         | 12020                                 |                |  |                      |            |                    |  |
| $\bigcirc$ | fficial Ec                    | rm 106J                               |                |  |                      | ļ          |                    |  |
|            |                               |                                       |                |  |                      |            |                    |  |
|            |                               | J: Your                               |                | ISES<br>. If two married people a            | ro filing together b | oth are o  | gually rosponsible | 12/19  |
| info       | ormation. If m                |                                       | eded, atta     | ch another sheet to this                     |                      |            |                    |  |
| Par        | t 1: Descr                    | ibe Your House                        |                |  |                      |            |                    |  |
| 1.         | Is this a joir                | nt case?                              |                |  |                      |            |                    |  |
|            | ■ No. Go to □ Yes. <b>Doe</b> |                                       | in a separ     | ate household?                               |                      |            |                    |  |
|            | □ N<br>□ Y                    |                                       | st file Offici | ial Form 106J-2, <i>Expense</i>              | s for Separate Hous  | ehold of D | ebtor 2.           |  |
| 2.         | Do you have                   | e dependents?                         | ■ No           |  |                      |            |                    |  |
|            | Do not list D                 |                                       | ☐ Yes.         | Fill out this information for each dependent | Dependent's relati   |            | Dependent's age    | Does dependent live with you?                        |
|            | Do not state                  |                                       |                |  |                      |            |                    | □ No   |
|            | dependents                    |                                       |                |  |                      |            |                    | □Yes   |
|            |                               |                                       |                |  |                      |            |                    | □ No   |
|            |                               |                                       |                |  |                      |            | <u> </u>           | Yes  |
|            |                               |                                       |                |  |                      |            |                    | □ No<br>□ Yes  |
|            |                               |                                       |                |  |                      |            |                    | □ No   |
|            |                               |                                       |                |  |                      |            |                    | ☐ Yes  |
| 3.         |                               | enses include                         | <b>.</b>       | No   |                      |            |                    |  |
|            |                               | f people other t<br>d your depende    |                | Yes  |                      |            |                    |  |
| Der        | 4 Or Fatim                    |                                       |                | h. F   |                      |            |                    |  |
| Est        | imate your ex                 |                                       | our bankrı     | uptcy filing date unless y                   |                      |            |                    | napter 13 case to report of the form and fill in the |
|            |                               |                                       |                | government assistance i                      |                      |            |                    |  |
| (Of        | ficial Form 10                | n assistance an<br>161.)              | a nave inc     | cluded it on Schedule I:                     | Your Income          |            | Your exp           | penses   |
| 4.         |                               | or home owners<br>and any rent for th |                | ses for your residence. I                    | nclude first mortgag | je<br>4.   | \$                 | 1,254.00   |
|            | If not includ                 | led in line 4:                        |                |  |                      |            |                    |  |
|            | 4a. Real e                    | estate taxes                          |                |  |                      | 4a.        | ·                  | 0.00   |
|            | •                             | rty, homeowner's                      |                |  |                      | 4b.        |                    | 0.00   |
|            |                               | maintenance, re<br>owner's associat   |                | upkeep expenses                              |                      | 4c.<br>4d. |                    | 0.00<br>0.00   |
| 5.         |                               |                                       |                | <b>our residence.</b> such as ho             | me equity loans      | 4u.<br>5.  | \$                 | 1.936.00   |

# Case 17-12923-KHK Doc 18 Filed 09/20/17 Entered 09/20/17 21:23:24 Desc Main Document Page 23 of 31

| Debtor 1 _           | Debra F. Reid   | Case num | ber (if known) | 17-12923                    |
|----------------------|---|----------|----------------|-----------------------------|
| 6. <b>Utilitie</b> s | s:  |          |                |                             |
| 6a. E                | Electricity, heat, natural gas  | 6a.      | \$             | 150.00                      |
| 6b. V                | Vater, sewer, garbage collection  | 6b.      | \$             | 0.00                        |
| 6c. T                | elephone, cell phone, Internet, satellite, and cable services   | 6c.      | \$             | 100.00                      |
| 6d. C                | Other. Specify:   | 6d.      | \$             | 0.00                        |
| . Food a             | nd housekeeping supplies  |          | \$             | 500.00                      |
| . Childe             | are and children's education costs  | 8.       | \$             | 0.00                        |
| . Clothir            | ng, laundry, and dry cleaning   | 9.       | \$             | 150.00                      |
| 0. Person            | al care products and services   | 10.      | \$             | 150.00                      |
|                      | al and dental expenses  | 11.      | \$             | 200.00                      |
|                      | ortation. Include gas, maintenance, bus or train fare.  |          | •              |                             |
|                      | include car payments.   | 12.      | \$             | 400.00                      |
| 3. Enterta           | ninment, clubs, recreation, newspapers, magazines, and books  | 13.      | \$             | 65.00                       |
| 4. Charita           | able contributions and religious donations  | 14.      | \$             | 0.00                        |
| 5. <b>Insura</b> i   | nce.  |          |                |                             |
| Do not               | include insurance deducted from your pay or included in lines 4 or 20.  |          |                |                             |
| 15a. L               | ife insurance   | 15a.     | \$             | 0.00                        |
| 15b. F               | Health insurance  | 15b.     | \$             | 0.00                        |
| 15c. ∖               | /ehicle insurance   | 15c.     | \$             | 75.00                       |
| 15d. C               | Other insurance. Specify:   | 15d.     | \$             | 0.00                        |
| 6. Taxes.            | Do not include taxes deducted from your pay or included in lines 4 or 20.   |          |                |                             |
| Specify              |   | 16.      | \$             | 0.00                        |
|                      | nent or lease payments:   |          |                |                             |
| 17a. C               | Car payments for Vehicle 1  | 17a.     | \$             | 0.00                        |
| 17b. C               | Car payments for Vehicle 2  | 17b.     | •              | 0.00                        |
| 17c. C               | Other. Specify:   | 17c.     | \$             | 0.00                        |
| 17d. C               | Other. Specify:   | 17d.     | \$             | 0.00                        |
| 8. Your p            | ayments of alimony, maintenance, and support that you did not report as   |          | _              |                             |
|                      | ed from your pay on line 5, Schedule I, Your Income (Official Form 106I).   | 18.      |                | 0.00                        |
| 9. <b>Other p</b>    | payments you make to support others who do not live with you.   |          | \$             | 0.00                        |
| Specify              |   | 19.      |                |                             |
|                      | real property expenses not included in lines 4 or 5 of this form or on Sche   |          |                |                             |
| 20a. N               | Nortgages on other property   | 20a.     |                | 0.00                        |
| 20b. F               | Real estate taxes   | 20b.     | \$             | 0.00                        |
| 20c. F               | Property, homeowner's, or renter's insurance  | 20c.     | \$             | 0.00                        |
| 20d. N               | Maintenance, repair, and upkeep expenses  | 20d.     | \$             | 75.00                       |
| 20e. F               | Homeowner's association or condominium dues   | 20e.     | \$             | 0.00                        |
| 1. Other:            | Specify:  | 21.      | +\$            | 0.00                        |
|                      |   |          |                |                             |
|                      | ate your monthly expenses   |          |                |                             |
|                      | dd lines 4 through 21.  |          | \$             | 5,055.00                    |
|                      | opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  |          | \$             |                             |
| 22c. Ac              | d line 22a and 22b. The result is your monthly expenses.  |          | \$             | 5,055.00                    |
| 3 Calcula            | ate your monthly net income.  |          |                |                             |
|                      | Copy line 12 (your combined monthly income) from Schedule I.  | 23a.     | •              | 2 754 06                    |
|                      |   |          | · -            | 2,754.96                    |
| ∠3D. (               | Copy your monthly expenses from line 22c above.   | 23b.     | -\$            | 5,055.00                    |
| 220 6                | Subtract your monthly expanses from your monthly income   |          |                |                             |
|                      | Subtract your monthly expenses from your monthly income.  The result is your <i>monthly net income</i> .  | 23c.     | \$             | -2,300.04                   |
| '                    | TIE TESUIT IS YOUT THOTHING HET HILOTHE.  | _00.     | *              | ,                           |
| For exan             | expect an increase or decrease in your expenses within the year after youngle, do you expect to finish paying for your car loan within the year or do you expect your motion to the terms of your mortgage? |          |                | se or decrease because of a |
|                      | Fundain house   |          |                |                             |
| ☐ Yes                | Explain here:   |          |                |                             |

### Case 17-12923-KHK Doc 18 Filed 09/20/17 Entered 09/20/17 21:23:24 Desc Main Document Page 24 of 31

| Fill in this inform             | nation to identify your                       | case:                     |                          |  |  |
|---------------------------------|---|---------------------------|--------------------------|--|--|
| Debtor 1                        | Debra F. Reid                                 |                           |                          |  |  |
|                                 | First Name                                    | Middle Name               | Last Name                |  |  |
| Debtor 2<br>(Spouse if, filing) | First Name                                    | Middle Name               | Last Name                |  |  |
| United States Bar               | nkruptcy Court for the:                       | EASTERN DISTRICT OF       | F VIRGINIA               |  |  |
|                                 | 7-12923                                       |                           |                          |  |  |
| (if known)                      |   |                           |                          |  | Check if this is an amended filing   |
| If two married pe               | on About a                                    |                           | nsible for supplying co  | orrect information.<br>s. Making a false sta | tement, concealing property, or 000, or imprisonment for up to 20            |
|                                 | U.S.C. §§ 152, 1341, 1                        |                           |                          | • , ,  | , , , , , , , , , , , , , , , , , , ,  |
| Sign                            | Below   |                           |                          |  |  |
| Did you pay                     | or agree to pay some                          | one who is NOT an attorn  | ney to help you fill out | bankruptcy forms?                            |  |
| ■ No                            |   |                           |                          |  |  |
| ☐ Yes. N                        | ame of person                                 |                           |                          |  | nkruptcy Petition Preparer's Notice,<br>n, and Signature (Official Form 119) |
|                                 | ty of perjury, I declare<br>true and correct. | that I have read the sumi | mary and schedules fil   | ed with this declarat                        | ion and  |
| X /s/ Debr                      | ra F. Reid                                    |                           | x                        |  |  |
| <b>Debra F</b><br>Signature     | F. Reid<br>e of Debtor 1                      |                           | Signature o              | f Debtor 2                                   |  |

Date \_\_\_

Date September 20, 2017

# Case 17-12923-KHK Doc 18 Filed 09/20/17 Entered 09/20/17 21:23:24 Desc Main Document Page 25 of 31

| Fill     | in this info    | rmation to identify you                     | r case:  |                               |   |                               |
|----------|-----------------|---|--|-------------------------------|---|-------------------------------|
| Deb      | tor 1           | Debra F. Reid First Name                    | Middle Name  | Last Name                     |   |                               |
| Deb      | tor 2           | First Name                                  | Middle Name  | Last Name                     |   |                               |
| (Spou    | use if, filing) | First Name                                  | Middle Name  | Last Name                     |   |                               |
| Unit     | ed States B     | ankruptcy Court for the:                    | EASTERN DISTRICT OF                                      | VIRGINIA                      |   |                               |
| Cas      | e number        | 17-12923                                    |  |                               |   |                               |
| (if kno  | own)            |   |  |                               | -   | theck if this is an           |
|          |                 |   |  |                               | a   | mended filing                 |
| – tt     | iisist E        | - was 407                                   |  |                               |   |                               |
|          |                 | orm 107                                     | Affaira far Individ                                      | luala Filipa far B            | - m less (m4-) /  |                               |
|          |                 |   | Affairs for Individ                                      |                               |   | 4/16                          |
|          |                 |   |  |                               | equally responsible for sur<br>y additional pages, write yo |                               |
| numl     | ber (if knov    | vn). Answer every ques                      | stion.   | •                             |   |                               |
| Part     | Give            | Details About Your Ma                       | rital Status and Where You                               | Lived Before                  |   |                               |
| 1.       | What is yo      | ur current marital statu                    | is?  |                               |   |                               |
|          | ☐ Marrie        | d   |  |                               |   |                               |
|          | ■ Not ma        |   |  |                               |   |                               |
| 2.       | During the      | last 3 years, have you                      | lived anywhere other than                                | where you live now?           |   |                               |
|          | _               | last o years, have you                      | iived arrywriere offici triair                           | where you live how.           |   |                               |
|          | ■ No            | ist all of the places you                   | ived in the last 2 years. Do n                           | ot include where you live now |   |                               |
|          |                 |   | ived in the last 3 years. Do n                           | ·                             |   |                               |
|          | Debtor 1 F      | Prior Address:                              | Dates Debtor 1 lived there                               | Debtor 2 Prior Ad             | dress:  | Dates Debtor 2<br>lived there |
| 3        | Within the      | last 8 years, did you ev                    | ver live with a spouse or lea                            | nal equivalent in a commu     | nity property state or territor                             | v2 (Community property        |
|          |                 |   |  |                               | ico, Texas, Washington and V                                |                               |
|          | ■ No            |   |  |                               |   |                               |
|          | _               | Make sure you fill out Scl                  | hedule H: Your Codebtors (O                              | fficial Form 106H).           |   |                               |
| Part     | 2 Evol          | ain the Sources of You                      | r Incomo   |                               |   |                               |
| ган      | Ехрі            | and the Sources of Tou                      | i ilicollie  |                               |   |                               |
|          |                 |   | nployment or from operating received from all jobs and a |                               | ear or the two previous cale                                | ndar years?                   |
|          |                 |   | have income that you receiv                              |                               |   |                               |
|          | □ No            |   |  |                               |   |                               |
|          | _               | ill in the details.                         |  |                               |   |                               |
|          |                 |   | Debtor 1   |                               | Debtor 2  |                               |
|          |                 |   | Sources of income  | Gross income                  | Sources of income   | Gross income                  |
|          |                 |   | Check all that apply.                                    | (before deductions and        | Check all that apply.                                       | (before deductions            |
| <b>-</b> |                 | 4 af annuant                                | _  | exclusions)                   |   | and exclusions)               |
|          |                 | 1 of current year until led for bankruptcy: | ■ Wages, commissions, bonuses, tips                      | \$29,125.47                   | ☐ Wages, commissions, bonuses, tips                         |                               |
|          | -               |   | • •  |                               | ☐ Operating a business                                      |                               |
|          |                 |   | ☐ Operating a business                                   |                               | _ 0001001119 0 000111000                                    |                               |

Official Form 107

Case 17-12923-KHK Doc 18 Filed 09/20/17 Entered 09/20/17 21:23:24 Desc Main Page 26 of 31 Case number (if known) 17-12923 Document

Debtor 1 Debra F. Reid

|             |                         |                     |  |                 | Debtor 1   |   |                | Debtor 2  |                |   |  |
|-------------|-------------------------|---------------------|--|-----------------|--|---|----------------|---|----------------|---|--|
|             | For last calendar year: |                     | Sources of income<br>Check all that apply. |                 |  | Sources of inc<br>Check all that a                  |                | Gross income<br>(before deductions<br>and exclusions) |                |   |  |
|             |                         |                     | ■ Wages, commissions, bonuses, tips        | \$4             | 0,634.00   | ☐ Wages, combonuses, tips                           | missions,      |   |                |   |  |
|             | ]                       |                     |  |                 | ☐ Operating a business   |   |                | ☐ Operating a   | business       |   |  |
|             |                         |                     | ar year be<br>ecember                      |                 | ■ Wages, commissions, bonuses, tips  |   |                | ☐ Wages, commissions, bonuses, tips                   |                |   |  |
|             |                         |                     |  |                 | ☐ Operating a business   |   |                | ☐ Operating a   | business       |   |  |
| ,           | gamblii<br>List ead     | ng ai<br>ch so<br>o | nd lottery w                               | vinnings. If yo | enefit payments; pensions; rerou are filing a joint case and you are from each source separa | ou have income                                      | that you rec   | eived together, list                                  | t it only once |   |  |
|             |                         |                     |  |                 | Debtor 1   |   |                | Debtor 2  |                |   |  |
|             |                         |                     |  |                 | Sources of income Describe below.  | Gross income each source (before deduce exclusions) |                | Sources of inc<br>Describe below                      |                | Gross income<br>(before deductions<br>and exclusions) |  |
| Part        | 3: L                    | List (              | Certain Pa                                 | yments You      | Made Before You Filed for  | Bankruptcy  |                |   |                |   |  |
| ô. <i>.</i> | Are eit                 |                     |  |                 | 's debts primarily consume   |   |                |   |                |   |  |
|             | □ No                    |                     |  |                 | Debtor 2 has primarily consupersonal, family, or househo                                     |   | nsumer debt    | s are defined in 11                                   | U.S.C. § 10    | )1(8) as "incurred by an                              |  |
|             |                         |                     | During the                                 | 90 days befo    | ore you filed for bankruptcy, di   | id you pay any c                                    | reditor a tota | al of \$6,425* or mo                                  | re?            |   |  |
|             |                         |                     | □ Yes                                      | paid that cr    | each creditor to whom you pai<br>editor. Do not include paymer                               | nts for domestic                                    | support obliç  |   |                |   |  |
|             |                         |                     | * Subject                                  |                 | payments to an attorney for the ton 4/01/19 and every 3 year                                 |   |                | or after the date                                     | of adjustmer   | ıt.   |  |
|             | ■ Ye                    |                     |  |                 | or both have primarily consumer you filed for bankruptcy, di                                 |   | reditor a tota | al of \$600 or more                                   | ?              |   |  |
|             |                         |                     | No.  | Go to line 7    |  |   |                |   |                |   |  |
|             |                         |                     | □ Yes                                      | include pay     | each creditor to whom you pai<br>ments for domestic support o<br>for this bankruptcy case.   |   |                |   |                |   |  |
|             | Credit                  | tor's               | Name and                                   | d Address       | Dates of payme   | nt Total  | amount<br>paid | Amount you still owe                                  | Was this       | payment for   |  |

Case 17-12923-KHK Doc 18 Filed 09/20/17 Entered 09/20/17 21:23:24 Desc Main Document Page 27 of 31

| Debtor 1 | Debra F. Reid | Document | raye 21 | Case number (if known) | 17-12923 |
|----------|---------------|----------|---------|------------------------|----------|
| Deptor 1 | Debra F. Reid |          |         | Case number (# known)  | 17-12923 |

| 7.  | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. |                                       |                      |                      |                       |                              |  |  |
|-----|---|---------------------------------------|----------------------|----------------------|-----------------------|------------------------------|--|--|
|     | No  |                                       |                      |                      |                       |                              |  |  |
|     | ☐ Yes. List all payments to an insider.   |                                       |                      |                      |                       |                              |  |  |
|     | Insider's Name and Address  | Dates of payment                      | Total amount paid    | Amount you still owe | Reason for            | this payment                 |  |  |
| 8.  | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.   |                                       |                      |                      |                       |                              |  |  |
|     | ■ No  |                                       |                      |                      |                       |                              |  |  |
|     | Yes. List all payments to an insider  |                                       |                      |                      | _                     |                              |  |  |
|     | Insider's Name and Address  | Dates of payment                      | Total amount paid    | Amount you still owe |                       | this payment<br>ditor's name |  |  |
| Pa  | rt 4: Identify Legal Actions, Repossession  | ns, and Foreclosures                  |                      |                      |                       |                              |  |  |
| 9.  | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  ■ No □ Yes. Fill in the details.  |                                       | •                    | ,                    | •                     |                              |  |  |
|     | Case title  | Nature of the case                    | Court or agency      |                      | Status of th          | ne case                      |  |  |
|     | Case number   |                                       |                      |                      |                       |                              |  |  |
|     | Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo  No. Go to line 11.  Yes. Fill in the information below.  |                                       | erty repossessed, f  | oreclosed, garni     | shed, attache         | d, seized, or levied?        |  |  |
|     | Creditor Name and Address   | Describe the Property                 |                      | Date                 |                       | Value of the                 |  |  |
|     |   | Explain what happened                 | d                    |                      |                       | property                     |  |  |
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No Yes. Fill in the details.  |                                       |                      |                      |                       |                              |  |  |
|     | Creditor Name and Address   | Describe the action the creditor took |                      |                      | Date action was Amoun |                              |  |  |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a  ■ No □ Yes   |                                       | erty in the possess  | taker                |                       | efit of creditors, a         |  |  |
| Pa  | rt 5: List Certain Gifts and Contributions  |                                       |                      |                      |                       |                              |  |  |
|     | Within 2 years before you filed for bankrup  ■ No □ Yes. Fill in the details for each gift.   | otcy, did you give any gift           | s with a total value | of more than \$6     | 00 per persor         | 1?                           |  |  |
|     | Gifts with a total value of more than \$600 per person  | Describe the gifts                    |                      | Dates<br>the g       | s you gave<br>ifts    | Value                        |  |  |
|     | Person to Whom You Gave the Gift and Address:   |                                       |                      |                      |                       |                              |  |  |

Case 17-12923-KHK Doc 18 Filed 09/20/17 Entered 09/20/17 21:23:24 Desc Main Document Page 28 of 31 Case number (if known) 17-12923

| 14. | ithin 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No  Yes. Fill in the details for each gift or contribution.  |  |   |             |                                   |                           |  |  |  |
|-----|--|--|---|-------------|-----------------------------------|---------------------------|--|--|--|
|     | ☐ Yes. Fill in the details for each gift or co Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)   |  | Describe what you contributed                                       |             | Dates you contributed             | Value                     |  |  |  |
| Par | t 6: List Certain Losses   |  |   |             |                                   |                           |  |  |  |
| 15. | Within 1 year before you filed for bankrup disaster, or gambling?  | Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?  |   |             |                                   |                           |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |   |             |                                   |                           |  |  |  |
|     | how the loss occurred  | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. |   |             | Date of your loss                 | Value of property<br>lost |  |  |  |
| Par | t 7: List Certain Payments or Transfers  |  |   |             |                                   |                           |  |  |  |
| 16. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. |  |   |             |                                   |                           |  |  |  |
|     | □ No ■ Yes. Fill in the details.   |  |   |             |                                   |                           |  |  |  |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not Yo   | ou   | Description and value of any property transferred                   |             | Date payment or transfer was made | Amount of payment         |  |  |  |
|     | Brian K. Madden, P.C.<br>PO Box 7663<br>Arlington, VA 22207<br>briankmadden@gmail.com  |  | \$3,000 legal fee, \$335 filing fee credit report fee               | e, \$40 ea. | Aug., 2017                        | \$3,375.00                |  |  |  |
| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16.  |  |   |             |                                   |                           |  |  |  |
|     | No No  |  |   |             |                                   |                           |  |  |  |
|     | Yes. Fill in the details.  Person Who Was Paid  Address  |  | Description and value of any prop transferred                       | erty        | Date payment or transfer was made | Amount of payment         |  |  |  |
| 18. | Within 2 years before you filed for bankru transferred in the ordinary course of your Include both outright transfers and transfers include gifts and transfers that you have alread No  | <b>busin</b><br>made   | ness or financial affairs? as security (such as the granting of a s |             | perty to anyone, other            |                           |  |  |  |
|     | ☐ Yes. Fill in the details.  Person Who Received Transfer  Address   |  | Description and value of property transferred                       | payments    | any property or received or debts | Date transfer was made    |  |  |  |
|     | Person's relationship to you paid in exchange  |  |   |             |                                   |                           |  |  |  |
|     |  |  |   |             |                                   |                           |  |  |  |

Case 17-12923-KHK Doc 18 Filed 09/20/17 Entered 09/20/17 21:23:24 Desc Main Page 29 of 31 (Case number (if known) 17-12923 Document

Debtor 1 Debra F. Reid

| 19.   | Within 10 years before you filed for bankruptc beneficiary? (These are often called asset-prote No □ Yes. Fill in the details.                        |   | y property to a | a self-settle | ed trust or similar devic                            | e of which you     | are a                         |
|---|---|---|-----------------|---------------|--|--------------------|-------------------------------|
|   | Name of trust Description and value   |   |                 | operty trans  | sferred  | Date Transf        | er was                        |
| Par   | t 8: List of Certain Financial Accounts, Instr  | uments, Safe Deposi   | t Boxes, and S  | Storage Uni   | ts   |                    |                               |
| 20.   | Within 1 year before you filed for bankruptcy, sold, moved, or transferred?   | were any financial ac   | counts or inst  | ruments h     | eld in your name, or for                             | your benefit, o    | losed,                        |
|   | Include checking, savings, money market, or chouses, pension funds, cooperatives, associated No   |   |                 |               | it; shares in banks, cre                             | dit unions, bro    | kerage                        |
|   | Yes. Fill in the details.   |   |                 |               |  |                    |                               |
|   |   | ast 4 digits of<br>ccount number                                    | Type of acco    | ount or       | Date account was closed, sold, moved, or transferred | before clo         | palance<br>sing or<br>ransfer |
| 21.   | Do you now have, or did you have within 1 year cash, or other valuables?  | ar before you filed for   | bankruptcy, a   | any safe de   | posit box or other depo                              | ository for secu   | ırities,                      |
|   | ■ No  |   |                 |               |  |                    |                               |
|   | Yes. Fill in the details.   |   |                 |               |  | _                  |                               |
|   | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  | Who else had acc<br>Address (Number, State and ZIP Code)            |                 | Describe      | the contents   | Do you s have it?  | till                          |
| 22.   | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?  No Yes, Fill in the details. |   |                 |               |  |                    |                               |
|   | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   | Who else has or h<br>to it?<br>Address (Number, State and ZIP Code) |                 | Describe      | the contents   | Do you s have it?  | till                          |
| Par   | t 9: Identify Property You Hold or Control fo   | •   |                 |               |  |                    |                               |
| 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold i for someone. |   |   |                 |               | g for, or hold in                                    | trust              |                               |
|   | ■ No □ Yes. Fill in the details.  |   |                 |               |  |                    |                               |
|   | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the prop<br>(Number, Street, City, S<br>Code)              |                 | Describe      | the property   |                    | Value                         |
| Par   | t 10: Give Details About Environmental Inforr   | nation  |                 |               |  |                    |                               |
| For   | the purpose of Part 10, the following definition  | s apply:  |                 |               |  |                    |                               |
|   | Environmental law means any federal, state, or toxic substances, wastes, or material into the regulations controlling the cleanup of these s          | air, land, soil, surfac   | e water, grour  |               |  |                    | dous or                       |
|   | Site means any location, facility, or property a to own, operate, or utilize it, including disposa  |   | environmental   | law, whetl    | ner you now own, opera                               | ate, or utilize it | or used                       |
|   | Hazardous material means anything an enviro   | nmental law defines   | as a hazardou   | s waste, ha   | azardous substance, to                               | xic substance,     |                               |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

hazardous material, pollutant, contaminant, or similar term.

Case 17-12923-KHK Doc 18 Filed 09/20/17 Entered 09/20/17 21:23:24 Desc Main Document Page 30 of 31 Case number (if known) 17-12923

Debtor 1 Debra F. Reid

| 24. | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?   |   |  |                    |  |  |  |  |
|-----|--|---|--|--------------------|--|--|--|--|
|     | No   |   |  |                    |  |  |  |  |
|     | Yes. Fill in the details.  |   |  | D                  |  |  |  |  |
|     | Name of site Address (Number, Street, City, State and ZIP Code)  | Governmental unit Address (Number, Street, City, State and ZIP Code)    | Environmental law, if you know it  | Date of notice     |  |  |  |  |
| 25. | Have you notified any governmental unit of an  | y release of hazardous material?  |  |                    |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |   |  |                    |  |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit Address (Number, Street, City, State and ZIP Code)    | Environmental law, if you know it  | Date of notice     |  |  |  |  |
| 26. | Have you been a party in any judicial or admir   | nistrative proceeding under any envi                                    | ronmental law? Include settlements a   | and orders.        |  |  |  |  |
|     | No   |   |  |                    |  |  |  |  |
|     | Yes. Fill in the details.  | _   |  |                    |  |  |  |  |
|     | Case Title Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case   | Status of the case |  |  |  |  |
| Par | 11: Give Details About Your Business or Co   | onnections to Any Business  |  |                    |  |  |  |  |
| 27. | Within 4 years before you filed for bankruptcy   | . did vou own a business or have an                                     | y of the following connections to any  | / business?        |  |  |  |  |
|     | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  |   |  |                    |  |  |  |  |
|     | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)   |   |  |                    |  |  |  |  |
|     | ☐ A partner in a partnership   |   |  |                    |  |  |  |  |
|     | ☐ An officer, director, or managing executive of a corporation   |   |  |                    |  |  |  |  |
|     | ☐ An owner of at least 5% of the voting or equity securities of a corporation  |   |  |                    |  |  |  |  |
|     | No. None of the above applies. Go to Part 12.  |   |  |                    |  |  |  |  |
|     | Yes. Check all that apply above and fill in the details below for each business.   |   |  |                    |  |  |  |  |
|     | Business Name D Address  | escribe the nature of the business                                      | Employer Identification number<br>Do not include Social Security number or ITIN. |                    |  |  |  |  |
|     |  | lame of accountant or bookkeeper  | Dates business existed   | ·                  |  |  |  |  |
| 28. | Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. |   |  |                    |  |  |  |  |
|     | ■ No<br>□ Yes. Fill in the details below.  |   |  |                    |  |  |  |  |
|     | Name Address (Number, Street, City, State and ZIP Code)  | ate Issued  |  |                    |  |  |  |  |
|     |  |   |  |                    |  |  |  |  |

Case 17-12923-KHK Doc 18 Filed 09/20/17 Entered 09/20/17 21:23:24 Desc Main Page 31 of 31

Case number (if known) 17-12923 Document

Debtor 1 Debra F. Reid

| Part 1            | 2: Sign Below                          |  |                           |
|-------------------|--|--|---------------------------|
| are tru<br>with a | ie and correct. I understand that maki | of Financial Affairs and any attachments, and I declare undeing a false statement, concealing property, or obtaining more to \$250,000, or imprisonment for up to 20 years, or both. |                           |
| /s/ D             | ebra F. Reid                           |  |                           |
| Debr              | a F. Reid                              | Signature of Debtor 2  | <del></del>               |
| Signa             | ture of Debtor 1                       | •  |                           |
| Date              | September 20, 2017                     | Date   |                           |
| Did yo            | u attach additional pages to Your Sta  | tement of Financial Affairs for Individuals Filing for Bankru  | ptcy (Official Form 107)? |
| No                |  |  |                           |
| ☐ Yes             | 3                                      |  |                           |
| Did yo            | u pay or agree to pay someone who is   | s not an attorney to help you fill out bankruptcy forms?   |                           |
| No                |  |  |                           |

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).